

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019079

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 386

VS 300
Rev. 4/59

1 0109
2 0499
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4 0
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7 1
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9 2043C
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13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BOONE b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY of MO. MEDICAL CENTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER c. CITY OR TOWN JOPLIN d. STREET ADDRESS (If outside, give location) 2316 HARLEN	
3. NAME OF DECEASED (Type or print) First TERRY Middle WAYNE Last MEERS		4. DATE OF DEATH Month 6 Day 1 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-9-59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) TULSA, OKLA.
13a. FATHER'S NAME LOWELL MEERS		13b. MOTHER'S MAIDEN NAME GEORGIA CONNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO. Patient's chart UMMC	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CENTRAL NERVOUS SYSTEM HEMORRHAGE DUE TO (b) ACUTE LYMPHOCYTIC LEUKEMIA DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 10 MONTHS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PROBABLE SEPTICEMIA		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from 7 AM 6/1/63 to 9:30 AM 6/1/63 and last saw her alive on 9:30 AM 6/1/63 Death occurred at 9:30 AM 6/1/63 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H D Dierker MD (Degree or title)		22b. ADDRESS University MO. Medical Center, Columbia, MO	
22c. DATE SIGNED 6/1/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 6/3/63	23c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery	23d. LOCATION (City, town, or county) (State) Greenfield MO
24. FUNERAL DIRECTOR Lyman Sprinkle, Columbia, MO ADDRESS _____		25. DATE RECD. BY LOCAL REG. June 1 1963	
		26. REGISTRAR'S SIGNATURE THAS R E Palmer	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.